		AND HUMAN SERVICES 4	54	5/18/	13		FORM A	04/11/2013 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	h	LE CONSTRUCTIO 01 - MAIN BUILL			(X3) DATE	SÚRVEY . LETED
		445111	B. WING		<u></u>		04/0	2/2013
	ROVIDER OR SUPPLIER CENTER AT STANDIE	FER PLACE, THE	2	REET ADDRESS, C 2626 WALKER RI CHATTANOOG	D	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVI (EACH C	IDER'S PLAN OF ORRECTIVE ACT FERENCED TO T DEFICIENC	TION SHOULD THE APPROPE	BE !	(X5) COMPLETION DATE
K 018 SS=D		FETY CODE STANDARD	K _. 018	Tag: K018				
	required enclosures	orridor openings in other than s of vertical openings, exits, or re substantial doors, such as			cility covered lo vered to ensure			4/17/13
	wood, or capable of minutes. Doors in	of 1% inch solid-bonded core f resisting fire for at least 20 sprinklered buildings are only		- cor	e facility inspec rridors and con oke resistant de	firmed all h	ave	4/17/13
	no impediment to the are provided with a the door closed. Do are permitted.	ne passage of smoke. There is the closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6 9.3.6.3 prohibited by CMS regulations cilities.		3. Facins sm cor built of colour mains ins	cility will ensur stalled/replaced loke resistant de rridor doors we liding. It has ne our maintenand livers on corrido lintenance staff tall louvered de lace corridor d	re that all do in corridors cors. The lowere original vector been the ce staff to insort doors, and will continuous in corrie	ors will be vered with the practice stall te to not	4/17/13
ΑΡΩΡΑΤΩΟ	Based on observation of April 200 p.m. reveal doors were not smediated. Janitors' closet door. Janitors' closet louvered door. Solled linen rooms	e; ril 1, 2013 between 2:45 p.m. aled the following corridor		tha cor doc wel nev ma cor wil doc	e Maintenance at all doors instantions will be soors. The louvery re original with yer been the praintenance staff vidor doors, and I continue to no ors in corridors ors with louvere	alled/replaces moke resista ed corridor of the huilding sectice of our to install loa od maintenan of install loa or replace o	of in int doors g, it has evers on uce staff vered orridor	4/17/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whather or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2687(02-99) Previous Versions Obsolete

Event ID: W34Z21

Facility ID: TN3304

OLIVIE	70 I OLIMEDICALE	& MEDICAID SERVICES				OMO MO.	<u>0938-039</u>
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER; 445111		1		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE COMI	SURVEY PLETED	
		B. WING			04/0	2/2013	
	ROVIDER OR SUPPLIER CENTER AT STANDI	FER PLACE, THE		26	EET ADDRESS, CITY, STATE, ZIP CODE 526 WALKER RD HATTANOOGA, TN 37421		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HQULO BE	(X6) COMPLETION DATE
K 018 K 038 SS=D	louvered door. 4. Janitors' closet doors. These findings wer director and acknowledge during the exit conton NFPA 101 LIFE SA	ige 1 in D Wing has louvered e verified by the maintenance wledged by the administrator ference on April 2, 2013. FETY CODE STANDARD aged so that exits are readily has in accordance with section	K	018	Tag: K038 1. Maintenance departme signage stating that any with delayed egress ma pushing door for 30 sec 2. The facility will ensure with delayed egress will signage indicating how 3. Maintenance staff will inspect signage to ensure installed and clearly vis	door equipped y be opened by onds. that all doors bave proper to exit. continely to it is properly	5/17/13 5/17/13 5/17/13
	Based on observa failed to ensure del appropriate signag. The findings includ. Observation and in director on April 1, 4:00 p.m. revealed did not have appro-				4. QA report will be done quarter of 2013 and will going as needed. The M Director and Office Ma conduct the QA study.	l be done on faintenance	5/17/13 Ongoing
K 054 SS≂F	director and acknown during the exit confine NFPA 101 LIFE SA	rified by the maintenance wledged by the administrator erence on April 2, 2013. FETY CODE STANDARD detectors, including those l-open devices, are approved,	K	D54			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- •	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		445111	B. WING		04/02/2013	
HEALTH	ROVIDER OR SUPPLIER CENTER AT STAND!		} ;	REET ADDRESS, CITY, STATE, ZIP CODE 1926 WALKER RD CHATTANOOGA, TN 37421		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLÉTION	
K 054		age 2 ted and tested in accordance rer's specifications. 9.6.1.3	K 054	Tag: K054 1. Facility will have all smoke detected that do not meet sensitivity test requirements replaced.	1 4/10/12	
,				No other smoke detectors had the inspection, therefore no other residents were identified as being affected by the same deficient.	her ing	
	p.m. revealed that a sensitivity testing a	tor on April 1, 2013 at 12:00 smoke detectors failed the nd were never corrected or		 The Director of Maintenance vensure that testing is complete required and failed equipment replaced in a timely manner. 	d as 4/19/13	
K 061 SS=F	director and acknown during the exit confine NFPA 101 LIFE SA Required automatic valves supervised:	est. crified by the maintenance whedged by the administrator ference on April 2, 2013. CETY CODE STANDARD c sprinkler systems have so that at least a local alarm e valves are closed. NFPA	K 061	4. Director of Maintenance will e that the preventative maintena is conducted properly by the contracted vendor. If problems found with future inspections of system, the Director of Maintewill ensure that timely action in to make needed repairs.	once plan 4/19/13 s are of the nance	
	Based on observar the automatic sprin The findings include	s not met as evidenced by: tion, the facility failed to have kler system valves supervised. e: ril 1, 2013 at 4:30 p.m.			-	

I AND PLAN OF CORRECTION INFORMATION MILITAGE.		(X2) MŲL A. BUILD		(X3) DATE SURVEY COMPLETED				
	<u> </u>	445111	B. WING		<u> </u>	·	04/	02/2013
HEALTH	ROVIDER OR SUPPLIER CENTER AT STANDII			26	26 WALKE	SS, CITY, STATE, ZIP CODE ER RD DOGA, TN 37421		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EA	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD S-REFERENCED TO THE APPROPE DEFICIENCY)	\$E	(X5) COMPLETION DATE
K 061 K 062 SS=F	revealed the Post in supervised with a ta This finding was ve director and acknow during the exit confin NFPA 101 LIFE SA Required automation continuously maintal condition and are in	andicator Valve (PIV) was not amper switch. rified by the maintenance whedged by the administrator erence on April 2, 2013. FETY CODE STANDARD asprinkler systems are ained in reliable operating		061	Tag: K0	As of 4/19/13 the facility has he Post Indicator Valve (PIV) revenues supervision with a tampswitch. Facility has only one other PIV was found to be supervised wit tamper switch. Therefore, no residents were found to have the potential to be affected by this practice. No other corrective as	vired to per which th a other he deficient	4/19/13 · 4/19/13
	This STANDARD is Based on record re	s not met as evidenced by: eview, the facility falled to atic sprinkler system.			3.	was needed. The Director of Maintenance vensure that the preventative maintenance plan includes inspot both PIV's and the tamper s	ection witches,	4/19/13
K 067 SS≂F	revealed the dry system performed an compliance. This finding was veracknowledged by the conference on April NFPA 101 LIFE SAI Heating, ventilating, with the provisions of accordance with the conference with the conference of t	pril 1, 2013 at 12:20 p.m. stem full flow trip test failed d was never corrected for rified by the administrator and a eadministrator during the exit 2, 2013. FETY CODE STANDARD and air conditioning comply of section 9.2 and are installed.	κο	67		Director of Maintenance will esthat the preventative maintenal is conducted properly by the contracted vendor and that the has been made aware that a tas switch has been added to the P problems are found with future inspections of the system, the D of Maintenance will ensure that action is taken to make needed	nce plan vendor oper IV. If irector t timely	4/19/13

The Health Center at Standifer Place, Main Building 01, April 2, 2013 Survey Completed

Tag: K062

1.	Facility has contracted with International Fire Protection who will submit drawings to the State of Tennessee to convert our current system from a dry system to a wet system.	5/17/33
2.	The facility has verified that all other sprinkler systems are operating properly and are under a regular preventative maintenance schedule.	5/17/13
3.	If problems are found with future inspections of the system, the Director of Maintepance will ensure that timely action is taken to make needed repairs.	5/17/13
4.	Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.	5/17/13

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l`'		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATÉ SURVEY COMPLETED	
445111			B. WING		OA!	04/02/2013	
HEALTH	RÖVIDER ÖR SUPPLIER CENTER AT STANDII	<u> </u>		26	EET ADDRESS, CITY, STATE, ZIP CODE 128 WALKER RD HATTANOOGA, TN 37421	U-A	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	I	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
K 067	This STANDARD in Based on record in failed to maintain the Air-conditioning (H). The findings included Record review and maintenance direct p.m. revealed the 4 maintenance was in This finding was very director and acknowledges.	s not met as evidenced by: eview and interview, the facility ne Heating, Ventilating, and VAC) e: interview with the for on April 1, 2013 at 12:45 i-year fire damper	K	087	1. Facility had the 4 year firmaintenance completed of all repairs have been completed of all repairs have been completed of all repairs have been completed of the fire dampers in built housing residents and not deficiencies were found. 3. Four year fire damper may was added to our existing maintenance contract. 4. Four year fire damper may was added to our existing maintenance contract. The Maintenance will ensure the vendor completes inspecting dampers according to the damper maintenance contract.	n 4/9/13 and pleted. Iducted of all dings other intenance preventative preventative e Director of hat the on of all 4 year	4/9/13 4/9/13 4/9/13
		•				,	

PRINTED: 04/11/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFI		IDENTIFICATION NUMBER:	A BUILDING 02 - BUILDING 02				E SURVEY PLETED
<u></u>	·	445111	B. WING	·		04/	02/2013
	NFPA 101 LIFE SA All required smoke activating door hold maintained, inspect with the manufactural Based on record refailed to maintain sinclud	A45111 FER PLACE, THE ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) AFETY CODE STANDARD detectors, including those d-open devices, are approved, ted and tested in accordance irer's specifications. 9.6.1.3 is not met as evidenced by: eview and interview, the facility moke detectors. e:	B. WING	STR 20 C	REET ADDRESS, CITY, STATE, ZIP CODE 626 WALKER RD CHATTANOOGA, TN 37421 PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	NO BE RIATE State of the country of	(X5) COMPLETION DATE 4/19/13
K 062 SS=F	p.m. revealed that sensitivity testing a replaced after the to the total testing and acknowledges and acknow	tor on April 1, 2013 at 12:00 smoke detectors failed the nd were never corrected or est. Prified by the maintenance wledged by the administrator rence on April 2, 2013. FETY CODE STANDARD c sprinkler systems are ained in reliable operating aspected and tested 1.6, 4.6.12, NFPA 13, NFPA 25, as not met as evidenced by: eview, the facility failed to atic sprinkler system.	K	062	4. Director of Maintenance will that the preventative mainten is conducted properly by the contracted vendor. If problem found with future inspections system, the Director of Mainte will ensure that timely action to make needed repairs.	ance plan s are of the enance	4/19/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: W34Z21

Facility ID: TN3304

1		17	E CONSTRUCTION 02 - BUILDING 02	(X3) DATE COMF	SURVEY	
		445111	B. WING		04/0	2/2013
	ROVIDER OR SUPPLIER CENTER AT STANDI	FER PLACE, THE	2	EET ADDRESS, CITY, STATE, ZIP CODE 626 WALKER RD CHATTANOOGA, TN 37421	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 062	Continued From p	age 1	К 062		·	
	revealed the dry sy when performed a compliance.	April 1, 2013 at 12:20 p.m. ystem full flow trip test failed and was never corrected for erified by the administrator and		I. Facility has contracted International Fire Pro submit drawings to the Tennessee to convert of system from a dry system.	tection who will e State of ur current	5/17/13
K 064 SS=D	acknowledged by conference on Api NFPA 101 LIFE So Portable fire exting	the administrator during the exit	K 064	2. The facility has verifie	perating r a regular	5/17/13
		S, NFPA 10		3. If problems are found inspections of the syste of Maintenance will er action is taken to mak	on, the Director sure that timely	
	Based on observe failed to provide fil locations. The findings includes			4. Director of Maintenan that the preventative of is conducted properly contracted vendor. If y found with future inspector of will ensure that timely to make needed repair	naintenance plan by the problems are ections of the I Maintenance action is taken	5/17/13
	director on April 2 that all fire extingu unit were removed	nterview with the maintenance, 2013 at 10:45 a.m. revealed lishers located in the secure from the mounted wall g stored at the nurses' station.		to make negueti (epan	s.	
K 144 SS=D	director and acknowledge of the control of the exit control of the exit control of the control o	rerified by the maintenance owledged by the administrator of a series of April 2, 2013. AFETY CODE STANDARD spected weekly and exercised	K 144		,	

The Health Center at Standifer Place, Building 2, April 2, 2013 Survey Completed

Tag: K064

1.	Facility properly installed all fire extinguishers located in the secure unit in properly designated locations.	4/5/13
2,	Maintenance and clinical staff have been inserviced that fire extinguishers are to be kept in designated locations at all times.	4/5/13
3.	Maintenance department will perform routine inspections to ensure that fire extinguishers are located in designated areas.	4/5/13
4.	Maintenance and clinical staff have been inserviced that fire extinguishers are to be kept in designated locations at all times. Maintenance staff will conduct routine visual inspections and will continue to monitor as needed. Additional inservices will be provided if deficient practices are discovered through maintenance staffs routine visual inspections.	4/5/13

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU		(X3) DATI	(X3) DATE SURVEY COMPLETED		
					02 - BUILDING 02	COM	COMPLETED	
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT STANDIFER PLACE, THE			B. WING	STF	REET ADDRESS, CITY, STATE, ZIP CODE 2626 WALKER RD CHATTANOOGA, TN 37421	04/	02/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΊΧ	PROVIDER'S FLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X6) COMPLETION DATE	
K 144		ninutes per month in	к	144	Tag: K144 1. Facility had the annunciat inspected and blown bulbs annunciator were replaced. 2. All annunciator panels we and are properly function notification.	on I on 4/10/13. re inspected	4/10/13 4/10/13	
	Based on observa maintain generator The findings includ Observation on Apprevealed that the redid not function or a This finding was vedirector and acknowledges.				3. Maintenance department inspect annunciator panel that they are functioning part that they are functioning part that they are functioning part that they are functioning for test annunciator panels and the functional. The Director of Maintenance will perform inservices and a QA study conducted in the 2 nd quart and ongoing as needed to inspections are accurate and done in a timely manner.	s to ensure incoperly inserviced on ing that at bulbs are for the will be er of 2013 and that	4/10/13	